

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

OFFICE USE ONLY**1. Qualifying Name and Address of Candidate**

Glenn Michael
Angelle
1107 S. Main
Breaux Bridge
La. 70517

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Alderman
Dist. A.
Breaux Bridge
ST. Martin Parish

11/14
30-P
9/11

3. Date of Primary

Nov 4 - 14

This report covers from _____ through _____

4. Type of Report:

- ☐ 180th day prior to primary ☐ 40th day after general
☐ 90th day prior to primary ☐ Annual (future election)
☐ 30th day prior to primary ☐ Supplemental (past election)
☐ 10th day prior to primary
☐ 10th day prior to general ☐ Amendment to prior report

5. FINAL REPORT if:

- ☒ Withdrawn ☐ Filed after the election AND all loans and debts paid
☒ Unopposed

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

Farmer's & merchants
Bank Trust
P.O. Box 910
Breaux Bridge

7. Full Name and Address of Treasurer

Linda Indice
Angelle
1107 S. Main
Breaux Bridge
La. 70517

9. Name of Person Preparing Report

Glenn M. Angelle
Daytime Telephone 337-344-9047

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 11 day of Sept 2014

Glenn M. Angelle
Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

337-344-9047
Daytime Telephone

Linda Indice
Signature of Treasurer

337-342-3881
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

11/10/16

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SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 or less	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 + 3)	0
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	353.28
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. TOTAL DISBURSEMENTS (Lines 9 + 10 + 11 + 12)	

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	353.28
15. <i>Plus</i> total receipts this period (Line 8 above)	
16. <i>Less</i> total disbursements this period (Line 13 above)	
17. <i>Less</i> in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period	0.00

SCHEDULE E-2: OTHER DISBURSEMENTS

This schedule is used to report those disbursements that are not "expenditures"; that is, monies paid by the campaign that are not paid for the purpose of supporting, opposing or otherwise influencing the nomination or election of a candidate to public office. Examples include the payment of taxes or the refund of contributions. Disbursements should be reported on this schedule only if they have not been reported elsewhere in this report. The explanation of the disbursement should state the reason the payment was made by the campaign.

1. Name and Address of Recipient	2. Date(s)	3. Explanation(s)	4. Amount(s)
ST. JAMES Children's Research Hospital	9/10/14	Clear account	353.28
5. Total OTHER DISBURSEMENTS during this reporting period			